

SERIAL NUMBER 09/223,870	FILING DATE 12/31/98	CLASS 007	GROUP ART UNIT 3723	ATTORNEY OR 12434	NO.
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APPLICANT

JERRY L. LOSEE, LAVA HOT SPRINGS, ID.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CIP OF 08/917,894 08/27/97

*SS*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

*SS*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

*SS*

FOREIGN FILING LICENSE GRANTED 01/26/99

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ID	SHEETS DRAWING 2	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
Verified and Acknowledged <i>SS</i> Examiner's Initials _____		Initials _____			

ADDRESS	<del>ROBERT A DE GROOT</del> <del>HOPKINS RODEN CROCKETT</del> <del>HANSEN AND HOOPES</del> <del>P O BOX 51219</del> <del>IDAHO FALLS ID 84305-1219</del> Jerry L. Losee P.O. Box 565 9321 E. Merrick Rd. Lava Hot Springs, ID 83246
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TITLE	MULTIPLE SHOP SOCKET TOOL
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FILING FEE RECEIVED  \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
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WASHINGTON, D.C. 20231  
www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 4410

Bib Data Sheet

SERIAL NUMBER 09/223,870	FILING DATE 12/31/1998  RULE	CLASS 081	GROUP ART UNIT 3723	ATTORNEY DOCKET NO. 12434
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APPLICANTS

JERRY L. LOSEE, LAVA HOT SPRINGS, ID;

\*\* CONTINUING DATA \*\*\*\*\* *OK*

This application is a CIP of 08/917,894 08/27/1997 ABN

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/26/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ID	SHEETS DRAWING 2	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
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Verified and Acknowledged

Examiner's Signature *[Signature]* Initials

ADDRESS

JERRY L. LOSEE  
P.O. BOX 565  
9321 E. MERRICK ROAD  
LAVA HOT SPRINGS, ID  
83246

TITLE

MULTIPLE SHOP SOCKET TOOL

FILING FEE  RECEIVED 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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